



Healthy Smile-Happy Child Third Grade Basic Screening Survey Process Evaluation

**Department of Health and Human
Services
2006**



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INTRODUCTION

Preparation for the 2006 *Healthy Smile-Happy Child Third Grade Basic Screening Survey* (BSS) began in January of 2005 with a conference call between the Nevada State Health Division, Bureau of Family Health Services, Oral Health Program (OHP) and the University of Nevada Las Vegas, School of Dental Medicine (SODM). The OHP proposed a collaborative effort to collect data. The OHP staff would collect data in the Washoe County and rural areas of the state and the SODM would collect data in the Las Vegas area schools located within Clark County, Nevada.

A random sample of elementary schools throughout the state was chosen by the Oral Health Biostatistician (OHB) with the assistance of Michael Manz, D.D.S., M.P.H., University of Michigan, an ASTDD Consultant. The sample included fifteen schools in Clark County, thirteen schools in Washoe County and thirteen schools in rural areas for a total of forty-one schools statewide. Four of the schools chosen in the original sample declined to participate and four new schools were chosen.

The Association of State and Territorial Dental Directors (ASTDD) *Basic Screening Surveys: An Approach to Monitoring Community Oral Health, 1999* guideline was used to perform the screenings and collect data. These guidelines were followed in Nevada's previous oral health data collection surveys over the past three years. The only modification made to the screening criteria was the decision to record data for each individual tooth rather than just a general notation of treated decay, untreated decay, and sealants.

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PREPARATION

Previous data collection surveys had shown the OHP staff needed help with the screenings in the Clark County area, primarily Las Vegas, due to limited resources and travel logistics. The OHP approached the SODM with a proposal to collaborate by using dental students to perform the Basic Screening Survey (BSS) of third grade students in Las Vegas schools. Talks between the OHP and SODM continued throughout the spring and summer of 2005. A contact person selected by the SODM arranged for the Oral Health Screening Coordinator (OHSC) and the OHB to meet with interested dental students at an American Student Dental Association (ASDA) meeting in October 2005. A PowerPoint presentation outlining the basics of the BSS was presented at the meeting and students were asked to place their name and contact information on a sign-up sheet if they were interested in participating. It was also made clear to the dental students that they would need to attend a mandatory calibration session in November in order to participate in the BSS.

In September 2005 the OHP received an email from the State Superintendent at the Department of Education confirming his department's support of the third grade BSS. Once the State Superintendent's support was confirmed, letters were then drafted and sent to the individual superintendents of school districts with schools selected for the BSS (Appendix A). The letter included an explanation of what would take place during the BSS and a list of the schools chosen within their district. The superintendents were asked to contact the principals at the selected schools to inform them of their support for the project and to let them know that someone from the OHP would be contacting their school.

In November 2005 the principal of each randomly selected elementary school was contacted by phone to request the name of a contact person for their school. Most principals had been made aware of the BSS by their superintendents prior to these phone calls being placed. Due to principals demanding schedules it was often necessary to leave a message with the school secretary. The OHP also inquired whether the principal preferred to be contacted via phone or by email. It took more than one follow-up contact in most cases to obtain the name of the school's contact person. This person was responsible for: being the single contact for the OHP and for the dental students to schedule a screening date and time; choosing two randomly selected third grade classes; overseeing the distribution of consent forms; and determining the screening location at the school site. The contacts varied by individual school, many were school nurses, others were first aid safety assistants (FASA's), clinical aids, office managers and one school assigned the job to the third grade chairperson.

In December 2005 letters were sent to the principals giving them an overview of what to expect from the BSS (Appendix B). A copy of the 2003 third grade *Healthy Smile-Happy Child* survey report was included for them to review. The letter also included the name of the school's contact person and asked that the principal give the contact person the enclosed "Letter to School Contacts" (Appendix C). If the school was in Las Vegas, the letters included the name of the dental students assigned to the school. The letters also let the principal and school contact know the dental students would be calling to set up a date and time for the BSS. In March 2006 these letters were resent to schools that

had been reassigned to orthodontic resident screening teams. The reassignment became necessary when dental students were unable to complete the BSS.

A checklist was included in the “Letter to School Contacts” as a guide to organizing the screening. A list of answers to commonly asked questions from previous screenings was also included.

Although the sample was selected by August 2005, actual data collection did not begin until January 2006. There were several contributing factors responsible for this delay. One was the OHSC needing to resolve issues related to obtaining authorization from the Nevada State Board of Dental Examiners and the other being dental students not having time to schedule screenings prior to the holiday season.

CALIBRATION

In November 2005 a calibration session was held with nineteen dental students in attendance. The session was set up at an elementary school in Las Vegas that was not one of the schools selected to participate in the BSS. The school nurse was asked to randomly select one third grade class to participate in the calibration screening. Letters to parents explaining the screening and consent forms were then sent home with students in that class. A total of eighteen students returned signed consent forms.

The day of the calibration nineteen dental students were shown a PowerPoint presentation on the BSS. Following the presentation they were divided into eight teams of two and one team of three (Appendix D). One person in the team was asked to be the designated screener in an effort to maintain consistency in screening results. The other team member was the recorder.

Each dental student had a "Dental Student Packet" downloaded onto their computer. The packet included: Directions for Data Recorders; Steps to Setting up the Screening; Screening Site Protocol; School Contact Sheets; Letter to Accompany Consent Form-English & Spanish; English & Spanish ASTDD Consent Form; Letter to Parents of Children Screened-English & Spanish; Treatment Urgency Forms-English & Spanish (Appendices E, F, G, H, I, J, K, L). A copy of the calibration session PowerPoint was also downloaded so the students could review exactly what should be recorded. The OHB created an electronic data collection form to be downloaded onto each dental student's laptop computer as well as be used for real time data collection by the OHP team. The data was to be collected in an *MS Access*® file and exported to *MS Excel*® to be emailed to the OHB. The intent was that this would eliminate having to keep track of too many different papers during the BSS.

At the beginning of the calibration session the OHSC, who is a Nevada licensed dental hygienist, screened each of the third grade students who had returned a signed consent form. Of those third grade students nine were chosen to participate in the calibration. The third grade students and dental students had a limited amount of time to participate in the calibration session, so each dental student team screened five of the nine students. Each third grade student was seated with a dental student team, after approximately five minutes the third grade students were asked to move to the next dental student team to their left. Once each team had screened five third graders, the OHSC went over each of the nine children's original screening results out loud to see if the dental students had recorded the same missing, decayed or previous decay experience. If there was disagreement, the discrepancy was discussed and the dental student(s) looked at the child again so they could see why the OHSC had recorded or not recorded a particular finding. This was done in order to confirm that the dental students recorded the same findings as the OHSC with whom they were being calibrated.

At the calibration session each dental student was asked to place their name, phone number, email address and glove size on a sign in sheet (Appendix M). At the end of the session a notation was made next to their name indicating whether they were a screener or recorder. The OHSC had created slips of paper in advance with the name of each

school, the contact's name and phone number, the days of the week the contact could be reached at that location, as well as a map showing the location of the school and the school's address. Each team was asked to choose one school and take a second school if possible. The dental students were directed to contact their school(s) prior to the holiday break in December so they could schedule screenings for the beginning of 2006. They were also advised that elementary schools have many dates that are occupied by various activities such as tests and field trips so the sooner they called the more likely they would get a date prior to the spring break. Spring break was chosen as the screening completion deadline in view of the fact that after that the dental students would be getting ready to take their finals and boards.

In January 2006 the OHSC found that a number of the dental student teams had not contacted their assigned schools and a number of them had decided they were no longer interested in participating in the screening. The UNLV SODM was still very interested in collaborating with the OHP on this project and offered to have some of their orthodontic residents take over the screening project.

Another calibration session was held in Las Vegas at the end of February 2006. The same procedures outlined above were followed. Thirteen orthodontic residents showed up for the calibration session. They divided themselves into six teams and the one remaining resident would take the SODM contact along as his recorder.

PROCESS

The OHSC maintained frequent communication with the SODM contact and dental teams, as well as the elementary school contacts. The OHSC found this to be necessary in order to make sure the screenings were scheduled and the date and time was forwarded to the OHSC. This became very time consuming for the OHSC due to procrastination on the part of the SODM teams. It was also necessary to keep the elementary schools up to date on what was happening with the screening process and of any change in their assigned students. The OHSC created a contact sheet to keep track of the dental student's/resident's name, whether they were a screener or recorder, their phone number and email address, the school they were to screen, the date and time they scheduled for screening, their glove size and the date the materials were shipped to the school (Appendix N).

The amount of time scheduled for screenings was based on five minutes per child. This number has been used in the past and has been found to be very accurate. For example, the amount of time scheduled for a class with fifteen students would be calculated as: 15 students X 5 minutes = 75 minutes. It was also recommended that the screening team arrive twenty to thirty minutes ahead of time to allow for setup of the screening area.

As each SODM team scheduled a screening date they were to contact the OHSC with the date and time. Once a school had a confirmed date and time for the screening the OHSC verified the number of elementary students in the two randomly selected classes. A box of materials containing gloves, masks, flashlights, mouth mirrors, hand sanitizer, paper towels, disinfectant wipes, toothbrushes, toothbrush covers, treatment urgency forms, post screening parent letters, and incentive gifts was sent to the school. In order to verify all items were sent in the correct amount for each school, a checklist was created. The checklist included the name of the school, the school address to which the box should be sent, the school contact's name and phone number, the number of boxes shipped and the screening date, the number of children in the two classrooms and an itemized list of the items shipped (Appendix O). Incentive gifts were dropped off or shipped to these schools one to two weeks prior to the screening. Incentive gifts were given to all children returning a signed consent form, regardless of whether permission was positive or negative.

Schools that were screened by the OHSC were sent the Letter to Accompany Consent Form- English & Spanish and the English & Spanish ASTDD Consent Form via an email to the school contact, allowing the contact to make the appropriate number of copies and the actual screening materials were transported by the OHP screening team.

School contacts were asked to provide a screening area outside of the classroom in order to minimize classroom disruption. The children were brought to the screening area either in small groups or as a class depending on the individual school. Children were screened one at a time using a flashlight and disposable mouth mirror. The screener/OHSC would call out the tooth number/letter and whether the tooth had a sealant, untreated decay, previous decay experience, or was missing and upon completion of each child, a treatment urgency code. If a tooth was missing the student was asked whether they could

remember if the tooth had been taken out by the dentist because it had a “big hole in it,” if they had lost it because they had an accident (bike, swing, etc) or if the tooth had been loose and they took it out. The choices for treatment urgency were:

No Obvious Problem/Needs Routine Preventive Care – individual without any the problems mentioned below.

Needs Restorative Care - criteria included visible areas of decay without accompanying signs or symptoms, individuals with spontaneous bleeding of the gums, suspicious white or red soft tissue areas.

Urgent Care (Pain or Swelling Present) - criteria included signs or symptoms that included pain, infection, swelling, or soft tissue ulceration of more than two weeks duration; or self reporting of the above.

In order to save time, not embarrass the child and observe HIPAA compliance the screener used a numerical code to relay treatment urgency to the screener. No Obvious Problem/Needs Routine Preventive Care was called out as a code “1”; Needs Restorative Care was a “2”; and Urgent Care was a “3.”

As screenings were completed, the UNLV SODM dental students and orthodontic residents were sent a letter thanking them for their participation in the project along with a questionnaire about their experience. Each school principal and school contact was also sent a letter thanking them for their participation and asking them to complete the questionnaire (Appendices P & Q). The thank you letter to the school contacts asked them to give two of the three enclosed questionnaires to the third grade teachers whose classes participated in the screenings. The questionnaires included multiple choice answers as well as a section for written comments. Two different questionnaires were sent out, one for dental students and one for school personnel. The questionnaires were reviewed and any suggestions were noted for future screening projects (See appendix R for details).

SUMMARY

The first screening by SODM teams took place in January 2006 and the last one was completed in June. One school in Clark County was not screened due to all parties being unable to come to agreement on a date for the screening and it was too late in the school year to select a replacement school. Due to the OHSC needing to obtain special authorization from the State Board of Dental Examiners, the first screening in the north did not take place until March 2006. The screenings in Washoe County and the rural areas were still able to be completed by the end of May.

It was originally anticipated that the collaboration with the UNLV SODM would reduce travel expenses and reduce the amount of travel time for the OHSC. This proved to be true however, the time spent communicating with the SODM contact, dental students, and orthodontic residents was greater than originally anticipated.

The total cost for materials and travel costs such as per diem, airfare, rental cars, and motor pool came to \$7,690.24 (Appendix S). The salaries for the three OHP employees and materials in inventory from previous screenings are not included in that number. It is estimated the cost to screen each student was approximately \$10.00, based on 794 third graders screened. When budgeting for future screenings it is suggested this amount be increased to approximately \$12.00 - \$14.00 per student, not including salary expenses.

RECOMMENDATIONS

The following recommendations are included for future consideration in the interest of improving the survey.

1. The UNLV SODM students and orthodontic residents were recruited for this project on a volunteer basis and therefore did not have the commitment to the project that they might have had the screening been a required assignment. In future collaborative projects it is strongly recommended the project be a required assignment.
2. Since data was recorded in real time using a laptop computer it is strongly recommended that an extension cord be taken to the screening site. If the laptop battery fails data cannot be entered and data may also be lost.
3. Carry a jump drive for data backup in the event something happens to the data collected on the laptop. Save each day's data on the jump prior to shutting down the computer.
4. Be sure to get email addresses and cell phone numbers for contacts and collaborators so there are multiple ways to reach the person. Many people are more likely to communicate via email these days.
5. Provide as much information as possible to your collaborators. In this survey we provided the dental students and orthodontic residents with a downloaded packet that included all necessary forms, directions for the screening, and the information on schools and contacts.

APPENDIX A

October 10, 2005

Superintendent Name
School District
Address
City, NV Zip Code

During the 2005-2006 academic year, the Nevada State Health Division, in cooperation with various organizations concerned with Nevada children’s oral health, will be assessing the oral health of third grade school students throughout Nevada. The findings of this assessment will be used to evaluate the State’s preventive oral health programs, determine the need for additional dental programs, and to describe the oral health of Nevada’s children. We would like to contact the principals of 15 schools to ask them to participate in this important assessment. Within your district, the following schools were randomly selected to participate in this assessment:

SCHOOL
HEWETSON
SUNRISE ACRES
RONNOW
MCWILLIAMS
BECKLEY, WILL
WENGERT, CYRIL
MENDOZA, JOHN
KATZ
JACOBSON, WALTER
HEARD, LOMIE
EILEEN BROOKMAN ELEMENTARY
CARTWRIGHT
ROBERTS, AGGIE
HOWARD HECKELTHORN
ALLEN, DEAN LAMAR

Third grade children, from 2 randomly selected classrooms per school, which return a consent form signed by a parent or guardian will be given the opportunity to have a free visual dental screening. The visual screening will only take about one to two minutes per child. A new sterile disposable mouth mirror and gloves will be used for each child. No x-rays will be taken and no dental treatment will be provided. Each participating child will be provided with a form noting the results of the screening. Your district will incur no cost for participating. In addition, we understand that nominal classroom disruption is essential to the operation of every school.

Lack of concentration, inability to sleep and eat, decreased school performance, poor social relationships, and less success later in life are all results of dental disease. In addition, dental disease in school-age children increases absenteeism – 51 million school hours are lost every year due to dental disease. For these reasons, we thank you in advance for making this contribution to the health and well being of Nevada’s children.

The Department of Education is supporting this project, and we would like to ask for your support in carrying out this important assessment of our children’s oral health needs. A member of the Nevada State Health Division will be contacting you within the next few weeks to determine if we have your support. We would appreciate it if you could contact the principals of the chosen schools to inform them of your support for this project and to let them know that we will be contacting them. If you have any questions or concerns, please feel free to contact the Health Division at (775) 684-4254 or tsalamone@nvhd.state.nv.us.

Sincerely,

R. Michael Sanders, DMD
State Dental Consultant

APPENDIX B

December 14, 2005

«Principal_Prefix» «Principal_First_Name» «Principal_Last_Name»
«School_Name» Elementary School
«School_Address»
«School_City», NV «School_Zip_Code»

Dear «Principal_Prefix» «Principal_Last_Name»,

The Nevada State Health Division's Oral Health Program has randomly selected your school to participate in the 2005-2006 third grade *Healthy Smile- Happy Child* oral health survey. This survey will collect data to be used in evaluating the State's preventive oral health programs, determining the need for additional dental programs, and to illustrate the oral health of Nevada's children.

The Oral Health Program contacted your school in the past couple of months to identify a contact person at your school who will help us with our oral health screenings. The contact person will be the liaison between the Oral Health Program, the UNLV School of Dental Medicine students who will perform the screenings and your school. In the past we have found that it is very important to have one person at the school who is willing to take responsibility for arranging the date and time of the screenings and to assist the teachers in preparing for the screenings. The person who has been identified as the contact for your school is «School_Contact_First_Name» «School_Contact_Last_Name».

Your school contact will randomly select two third grade classes to participate in the oral health screenings. Students in those two classes who return a consent form signed by a parent or guardian will be given a free dental screening. A new sterile disposable mouth mirror will be used for each student. The dental students will wear gloves and masks during the screenings. No x-rays will be taken and no dental treatment will be provided. Each student who has been screened will receive a Treatment Urgency Form noting the results of the screening to take home to their parent or guardian. A small incentive "gift" will be given to every student who returns a consent form, regardless of positive or negative consent. All students in the two randomly selected classrooms will receive a new toothbrush.

We have included a copy of the 2002-2003 third grade *Healthy Smile-Happy Child* survey results for you to review. This report has been useful in identifying specific areas of oral health needs in Nevada. Upon completion of the 2005-2006 survey you will be sent a copy of the report.

Please forward the enclosed letter to your school contact. Any questions pertaining to the screening may be directed to the Oral Health Program at (775) 684-4285.

Your support of the effort to improve the oral health of Nevada's children is greatly appreciated.

Sincerely,

Christine Forsch, RDH, BS
Oral Health Program Manager

APPENDIX C

December 14, 2005

Dear «School_Contact_First_Name»,

Thank you for volunteering to help with the Nevada State Health Division Oral Health Program's 2005-2006 third grade *Healthy Smile-Happy Child* oral health survey. As the school's contact you will be the liaison between the Oral Health Program, the UNLV School of Dental Medicine students who will perform the screenings and your school.

Two dental students have been assigned to do the screenings at your school. Their names are «Dental_Student_1» and «Dental_Student_1». The students have been given your name as the school contact and they will be contacting you to set up a date and time to come to the school to do the oral health screenings.

Once you have been contacted by the dental students, they will email you the letters to be sent home to the parents and the parental consent forms. These should only be sent home with the children in the two third grade classes. Please only use the forms provided by the dental students. These should be sent out the week before the screening date.

We have provided the following checklist as a guide:

- 1. When you receive this letter we ask that you put the names of all third grade teachers on separate slips of paper, place them in a bowl and then have someone chose two slips of paper. This will determine which classrooms will participate in the oral health screening.
- 2. Contact Lori Cofano, RDH at the Oral Health Program with the number of students in each classroom. lcofano@nvhd.state.nv.us or (775) 684-4268.
- 3. Make copies of the parent letter and parental consent forms to be sent home one week prior to the screening date. The letter and forms will be available in English and Spanish.
- 4. Determine where the screening will take place. In the past it has worked well to have a location for the screeners to set up and then bring small groups of the children to that location for screening. The screeners will need: a well lit area, a table near an electrical outlet and five chairs, not including chairs for the children waiting to be screened.

- 5. Have a helper, yourself if possible, available to help with “crowd control” and taking children back and forth between the screening area and the classroom.
- 6. The helper should make sure that each child is holding their own signed consent form. NOTE: A child cannot be screened without a signed consent form.
- 7. Make sure the Treatment Urgency Forms that are completed by the screeners are sent home with the children who are screened. (In the past some of the school nurses and FASA’s have kept a list of children in need of urgent care.)
- 8. Please dispose of the trash bag containing used screening materials in a manner that eliminates the possibility of students retrieving any of the used gloves, mirrors, etc.

The following points are included to help answer some of the questions that may arise.

- ❖ The dental students will be accompanied by a UNLV School of Dental Medicine staff member.
- ❖ A new sterile disposable mouth mirror and gloves will be used on each child.
- ❖ The oral health screening is free.
- ❖ There will not be any x-rays taken or dental treatment done the day of the screening.
- ❖ A Treatment Urgency Form will go home with each child screened stating: 1. No obvious problems/ Needs routine preventive care; 2. Needs restorative care; or 3. Urgent care (pain or swelling present).
- ❖ The screening takes approximately 3-5 minutes per child.
- ❖ The data collected by the State Health Division is identified by a number only. No children’s names are included in any written materials.
- ❖ The economic status of a child does not exclude them from the oral health screening; all children with signed consent will be screened.
- ❖ The screening does not replace a routine dental examination.
- ❖ The screening is for data collection purposes and therefore it is important to screen as many of the children as possible regardless of whether they have their own dentist.

Thank you again for your participation in this important children’s oral health survey. If you have any questions, concerns or comments, please contact the Oral Health Program at (775) 684-4285.

Sincerely,

Lori Cofano, RDH, BS
Fluoridation Consultant/Oral Health Screening Coordinator

APPENDIX D

Nevada Third Grade Basic Screening Survey (BSS)

Lori Cofano, B.S.D.H.
Thara Salamone, M.S.

The “Team”

- Divided into teams of two: one screener/one recorder.
- The team will contact the schools to schedule screening date & time.
- Be sure to ask about assemblies, field trips, testing, lunch, recess, multi-track, etc.
- Get consent forms to school contact well in advance. Set a deadline for returning the forms.
NOTE: School field trip forms are not acceptable consent for screening.

The Screening

- KISS: Keep It Simple Screeners!
- Follow the guidelines given.
- Resist the urge to over diagnose.
- 3-5 minutes per child.
Example: 30 children= 90-150 minutes
(1 ½-2 ½ hours!)
- Review screening packet ahead of time.
- Organization is a time saver!



What are we looking for?

- Sound: teeth that have not been decayed, restored or sealed.
- Decay: obvious, not suspected.
- Filled: filling, crown, temporary. Indicates prior decay experience.
- Sealants
- Pain or swelling: ask the child if they are experiencing any pain.

Is it a Cavity?!?

- Loss of ½ mm of tooth structure.
- Brown to dark-brown coloration of the walls of the cavity.
- Retained root.
- Existing filling with new decay.

 **YES**

BSS

vs

“What You’ve Been Taught”

- NOT Recorded as untreated:
- Broken or chipped tooth without cavity.
- Teeth with fillings, crowns that DO NOT have obvious decay.
- Stained grooves and pits less than ½ mm deep.
- “Halos” don’t count; remember the ½ mm loss of tooth structure.

YES

Threshold pit & fissure cavity



Threshold smooth surface cavity



When in doubt count it out!

-  If you are not sure, be conservative.
-  Stained grooves & pits are **NOT** recorded as decay.

Can you find the composites?



Were you right?



Filled Teeth



Indicated by:

Filling

Crown

Temporary filling or crown

Sealants



- ❖ Only count on permanent first molars.
- ❖ Either transparent or white.
- ❖ May need wood end of cotton tipped applicator to “feel” the occlusal surface.



What You Record vs Treatment Urgency Form



If you feel a child has something that needs attention, but doesn't conform to the BSS guideline, you can note "Needs treatment" on the Treatment Urgency Form that goes home with the child.



Recorded data and Treatment Urgency Form do not have to match.

How would you record these?



Key Things to Remember



Make sure the consent form is signed before you start screening the child.



Err on the conservative side.



Change gloves after each student.



BE FLEXIBLE –



Have fun!

Directions for Data Recorders

- 1. Take the consent form from the child. Write the child's ID# in the top right hand corner of the form.**
- 2. Write the child's name on the top right hand corner of the Treatment Urgency form.**
- 3. Mark the sex of the child.**
- 4. Copy the child's race/ethnicity from the consent form to the computer. There can be multiple choices. If the race/ethnicity is not marked, ask someone who might know or make a best guess. Check "Unknown" if you get no answers.**
- 5. Your screener will then read off the condition and type of each tooth. Mark the number, letter, or "missing" status for each tooth as told to you by your screener. Only one choice is possible. Also record whether each tooth is "sound," "decayed," "filled," or "sealed." Only one choice is possible.**
- 6. Mark the treatment urgency as told to you by your screener. If ANY teeth were marked "decayed," then you should automatically mark "Needs Restorative Care" in the treatment urgency section. Your screener will notify you if this should be changed to "Urgent Care."**
- 7. Mark the corresponding treatment urgency on the Treatment Urgency form. In some cases, your screener may ask you to write notes on the form or change the treatment urgency choice on paper. DO NOT CHANGE THE DATA IN THE COMPUTER. The choices indicated on the paper forms are to aid parents and teachers in obtaining care for the children and will not necessarily conform to BSS guidelines.**

- 8. Put the consent form and treatment urgency forms aside and begin the process for the next child.**

- 9. After all children at the school have been screened, give the treatment urgency forms to the teacher. Keep the consent forms and label which school they are from. These will be sent back to the Health Division for further data entry.**

- 10. Email the data file to tsalamone@nvhd.state.nv.us. This may require exporting the data to MS Excel before sending due to the large size of the MS Access file. You may also save it on a disk or CD and send to the Health Division at:**

**Thara Salamone
Bureau of Family Health Services
3427 Goni RD. Ste. 108
Carson City, NV 89706**

Steps to Setting up the Screening

1. The Oral Health Program will send letters to all of the schools letting them know the names of the dental students assigned to do the screening at their school. The letter will also explain the process of choosing two third grade classrooms to participate.
2. Contact your assigned schools AS SOON AS POSSIBLE to schedule a screening date and time. Remember to ask about holidays, testing dates, field trips, lunch, recess, multi-track schedule.

School:
 Phone Number:
 Contact Person:
 Date & Time Scheduled:

School:
 Phone Number:
 Contact Person:
 Date & Time Scheduled:

3. Consider doing a presentation on oral hygiene. Many teachers have requested this in the past.
4. Once you have your date and time scheduled, email the school name, date and time to:
lcofano@nvhd.state.nv.us
 This is the only way we will know when to send out materials and how many to send!
5. This packet contains all of the necessary forms. You will need to arrange for duplication of these forms. Check with your school contact to see if they can make the copies of the parent letter, consent form, treatment urgency form and post screening parent letter. They will have a better idea of how many forms they will need in English and Spanish.
 - A. The **Letter to Accompany Consent Form & the Consent Form** will go home together.
 - B. The **Treatment Urgency Form & the Letter to Parents of Children Screened** will go home together.
 - C. It is very helpful if these forms can be stapled together.

6. Emphasize to your contact the importance of the forms going out one week prior to the screening. **Set a deadline for returning the forms.** All children who return a consent form will receive a small “gift.” It does not matter if the parent has said yes or no, they will receive the “gift” if they return the consent form.
7. **Keep the completed consent forms.** These will need to be returned to the Oral Health Program.
8. Be sure to review the *Directions for Data Recorders* included in this packet, whether you are a recorder or screener.
9. If you have ANY questions regarding the screenings please contact:
Thara Salamone (775) 684-4254 tsalamone@nvhd.state.nv.us
Or
Lori Cofano (775) 684-4268 lcofano@nvhd.state.nv.us

And finally.....

Remember to follow infection control guidelines.

We strongly recommend that both the recorder and screener wear a mask.

If you touch mucous membranes you must use the antiseptic hand rinse before re-gloving.

Check with school contact for appropriate disposal of used materials. Do not place in trash can that is accessible to students.

APPENDIX G

SCREENING SITE PROTOCOL

In order to make the oral health screening process as stress free as possible, the following is a list of the steps to be taken upon your arrival at the school.

1. Arrive at the school site 30 minutes prior to the beginning of your screenings in order to get the screening area set up.
2. Upon arrival, go to the school office and ask for the contact person. (Due to school security you should not attempt to go directly to the classroom/screening area without checking in at the front desk.)
3. The contact person will meet you and accompany you to the oral health screening area.
4. The children whose parents have completed and **signed** a consent form will form a line. Each child will have the completed and signed consent form in hand. When it is the child's turn to be screened, they will hand their consent form to the recorder.
5. Be sure to write the child's name on the top right hand corner of the Treatment Urgency Form. (These forms will be given to the teacher at the conclusion of the screening.)
6. Please dispose of mouth mirrors, gloves, facemasks and cotton tipped applicators in the trash bag marked with a Biohazardous Waste sticker. This is to eliminate the possibility of students retrieving any of the used materials.
7. It is anticipated that the oral health screening will take 3-5 minutes per child.
8. After all third grade students with parental permission have been screened, the school contact person will escort you from the school.
 - **EVERY** child receives a toothbrush and toothbrush cover whether or not they were screened. Check with the teachers to see how they would like these distributed. They may want to hand them out at the end of the day so there is less disruption during class time.

The Nevada State Health Division Oral Health Program thanks you for volunteering your time and assisting in this important oral health screening for the benefit of Nevada's children.

School: **Hewetson Elementary School**

Phone: (702)

Contact: Name, RN only there Mon & Tues

School: **Sunrise Acres Elementary School**

Phone: (702)

Contact: Name, RN only there Mon & Tues

School: **Ronnow Elementary School**

Phone: (702)

Contact: Name, FASA

School: **McWilliams Elementary School**

Phone: (702)

Contact: Name, FASA there everyday

School: **Beckley Elementary School**

Phone: (702)

Contact: Name, FASA

School: **Wengert Elementary School**

Phone: (702)

Contact: Name, FASA

School: **Mendoza Elementary School**

Phone: (702)

Contact: Name, RN only there Mon & Tues

School: **Katz Elementary School**

Phone: (702)

Contact: Name, FASA there everyday 9 AM-3 PM

School: **Jacobson Elementary School**

Phone: (702)

Contact: Name, RN there 2days/wk – varies
Name, FASA there Mon. - Fri

School: **Heard Elementary School**

Phone: (702)

Contact: Name, RN only there Mon. and Wed.
Name, FASA there Mon. – Fri.

School: **Brookman Elementary School**

Phone: (702)

Contact: Name, RN only on Wed. and Thurs.
Name, FASA Mon. – Fri.

School: **Cartwright Elementary School**

Phone: (702)

Contact: Name, RN only there Wed. and Thurs.

School: **Roberts Elementary School**, year round, multi-track

Phone: (702)

Contact: Name, RN there only Wed. and Thurs.
Name, FASA there Mon. – Fri.

** Nurse is interested in classroom Oral Health Education!!

School: **Heckethorn Elementary School**

Phone: (702)

Contact: Name, Office Manager

School: **Dean LaMar Allen Elementary School**

Phone: (702)

Contact: Name, RN only there Mon. and Tues.
Name, FASA there Mon. – Fri.



Dear Parent/Guardian:

Your child's school has been chosen to take part in the Nevada State Health Division's *Healthy Smile-Happy Child Survey*. The purpose of the *Healthy Smile-Happy Child Survey* is to gather information about the health of children's teeth in your county and across the state. This will allow us to create a plan to improve dental care for Nevada children.

With your signed consent, a dental student under the supervision of a licensed dentist will check your child's teeth for tooth decay and other dental problems. The dental student will wear disposable gloves and use a new disposable mirror for each child. Results of your child's screening will be added to those of other children, and your child will not be named in any *Healthy Smile-Happy Child* report.

A healthy mouth is part of total health and wellness and makes a child more ready to learn. Your child will receive a toothbrush and a letter to take home that tells you about the health of your child's teeth.

By letting your child take part in this dental survey, you will help benefit all of Nevada's children. If you have any questions about the survey, please contact Chris Forsch at (775) 684-5953 or by email at cforsch@nvhd.state.nv.us.

Please sign and complete the consent form. This will allow your child to take part in the *Healthy Smile-Happy Child Survey*. PLEASE return the form to your child's teacher tomorrow.

Sincerely,

Christine Forsch, R.D.H., B.S.
Oral Health Program Manager

Please note this is not a full dental exam. No x-rays will be taken. The *Healthy Smile-Happy Child Survey* is not meant to take the place of a routine dental examination.



Estimado Padre o Guardián:

La escuela de su niño(a) se ha elegido para participar en la *Encuesta de Sonrisa Saludable – Niño Feliz* de la División de Salubridad del estado de Nevada. El propósito de la *Encuesta de Sonrisa Saludable – Niño Feliz* es de recopilar información sobre la salud de los dientes de los niños en su condado y a través del estado. Esto permitirá la creación de un plan para mejorar el cuidado dental para los niños de Nevada.

Con su consentimiento por escrito, un estudiante dental bajo la supervisión de un dentista autorizado examinará los dientes de su niño(a) para saber si tiene caries u otros problemas dentales. El estudiante dental usará guantes desechables y usará un espejo desechable nuevo para cada niño. Los resultados de la evaluación de su hijo serán agregados a los de otros niños, y no nombrarán a su niño en ningún informe de *Sonrisa Saludable – Niño Feliz*.

Una boca sana es parte de la salud total y bienestar y hace al niño más listo para aprender. Su niño(a) recibirá un cepillo de dientes y una carta para llevar a casa que le informara sobre la salud de los dientes de su hijo(a).

Permitiendo a su niño participar en este estudio dental, usted ayudará a beneficiar a todos los niños de Nevada. Si usted tiene alguna pregunta sobre el examen, favor de ponerse en contacto con Chris Forsch al (775) 684-5953 o por correo electrónico a cforsch@nvhd.state.nv.us.

Por favor firme y llene el formulario de consentimiento. Esto le permitirá a su niño(a) participar en la *Encuesta de Sonrisa Saludable – Niño Feliz*. Por favor devuelva el formulario al profesor de su hijo mañana mismo.

Sinceramente,

Cristiane Forsch, R.D.H., B.S.
Directora del Programa de Salud Oral

Por favor tome en cuenta que esto no es un examen dental completo. No se tomarán radiografías. La *Encuesta de Sonrisa Saludable – Niño Feliz* no es hecha para tomar el lugar de un examen dental rutinario.

Consent Form

Please complete this form and return it to your child's teacher tomorrow. Thank you.

_____		_____	
Last	First	School	
_____		Race (check all that apply)	
Teacher's Name	Room	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native	
Is your child eligible for the free or reduced lunch program?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Yes, I give permission for my child to have his/her teeth checked.
 No, I do not give permission for my child to have his/her teeth checked.

_____	_____
Signature of Parent or Guardian	Date

Please answer the next questions to help us learn more about access to dental care. Your answers will remain private and will not be shared. If you do not want to answer the questions, you may still give permission for your child to have his or her teeth checked.

1. About how long has it been since your child last visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. (Please check one)

- Within the last 12 months
- More than 3 years ago
- More than 1 year ago, but not more than 3 years ago
- Never has been to the dentist

2. What was the main reason that your child last visited a dentist? (Please check one)

- Went in on own for check-up, examination or cleaning
- Was called in by the dentist for check-up, examination or cleaning
- Something was wrong, bothering or hurting
- Went for treatment of a condition that dentist discovered at earlier check-up or examination
- Other
- Never has been to the dentist

3. Do you have any kind of insurance that pays for some or all of your child's MEDICAL OR SURGICAL CARE? Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid.

- Yes
- No

4. Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid.

- Yes
- No

5. During the past 12 months, was there a time when your child needed dental care but could not get it at that time?

- Yes (Please go to Question 6)
- No (You are done with the questionnaire)

6. The last time your child could not get the dental care he/she needed, what was the main reason he/she couldn't get care? (Please check one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Could not afford it | <input type="checkbox"/> Health of another family member | <input type="checkbox"/> Not a serious enough problem |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> Difficulty in getting appointment | <input type="checkbox"/> Dentist hours are not convenient |
| <input type="checkbox"/> Dentist did not accept Medicaid/insurance | <input type="checkbox"/> No way to get there | <input type="checkbox"/> Don't like/believe in dentists |
| <input type="checkbox"/> Speak a different language | <input type="checkbox"/> Didn't know where to go | <input type="checkbox"/> Other reason |
| <input type="checkbox"/> Wait is too long in clinic/office | <input type="checkbox"/> No dentist available | |

Por favor complete esta forma y regrésela mañana al profesor de su hijo. Gracias.

_____		Escuela
Apellido	Nombre	Raza (marque todo lo que pertenece)
_____	_____	<input type="checkbox"/> Blanco <input type="checkbox"/> Negro/ Afroamericano <input type="checkbox"/> Asiático <input type="checkbox"/> Hispano <input type="checkbox"/> Hawaiano/Islas Pacificas <input type="checkbox"/> Indio Americano / Alaska
Nombre del Profesor	No. de Salón	
¿Su hijo/a es elegible para recibir lonches gratis o a precio reducido?		
<input type="checkbox"/> Sí <input type="checkbox"/> No		
<input type="checkbox"/> Sí, doy permiso para que le revisen los dientes de mi hijo/a. <input type="checkbox"/> No, no doy permiso para que le revisen los dientes de mi hijo/a.		
_____		_____
Firma de Padre o Guardián		Fecha

Conteste por favor a las preguntas siguientes para ayudarnos a aprender más sobre el acceso al cuidado dental. Sus respuestas seguirán siendo privadas y no serán compartidas. Si usted no desea contestar las preguntas, usted puede dar permiso nada mas para él reviso de los dientes de su hijo/a.

1. ¿Sobre cuanto tiempo tiene que su niño visitó por último al dentista? Incluya todos los tipos de dentistas, tales como ortodoncistas, cirujanos orales, y el resto de los especialistas dentales, así como higienistas dentales.

- | | |
|--|---|
| <input type="checkbox"/> Dentro los últimos 12 meses | <input type="checkbox"/> Mas de tres anos |
| <input type="checkbox"/> Mas de un ano, pero no más de tres anos | <input type="checkbox"/> Nunca a visitado a un dentista |

2. ¿Cuál era la razón principal que su niño visito por último al dentista? (marque uno)

- fue por propia cuenta para el chequeo, la examinación o la limpieza
- fue llamado por el dentista para el chequeo, la examinación o la limpieza
- algo era incorrecto, incomodo o lastimaba
- fue para el tratamiento de una condición que el dentista descubrió en chequeo anterior o la reexaminación
- Otra razón
- nunca ha visitado al dentista

3. ¿Usted tiene alguna clase de seguro que pague cierto o todo su CUIDADO MÉDICO O QUIRÚRGICO del niño? Incluya el seguro médico obtenido con el empleo o comprado directamente, así como programas del gobierno como Medicaid.

- Sí No

4. ¿Usted tiene alguna clase de seguro que pague algo o todo el CUIDADO DENTAL de su niño? Incluya el seguro médico obtenido con el empleo o comprado directamente, así como programas del gobierno como

- Sí No

5. ¿Durante los últimos 12 meses, había una época cuando su niño necesitó cuidado dental pero no podría conseguirlo en aquella época?

- Sí (Siga a la pregunta #6)
 No (Usted ha terminado de completar el formulario)

6. ¿La última vez que su niño no podría conseguir el cuidado dental que necesitó, qué era la razón principal por la cual no podría conseguir cuidado? (Marque uno)

- | | | |
|---|--|---|
| <input type="checkbox"/> No podría pagarlo | <input type="checkbox"/> Salud de otro miembro de la familia | <input type="checkbox"/> No era bastante serio el problema |
| <input type="checkbox"/> Falta de seguro medico o dental | <input type="checkbox"/> Dificultad en llegar a las citas | <input type="checkbox"/> Las horas del dentista no son convenientes |
| <input type="checkbox"/> El dentista no aceptó Medicaid/seguro | <input type="checkbox"/> Falta de transportación | <input type="checkbox"/> No me gustan ni creo en los dentistas |
| <input type="checkbox"/> Hablaba diferente idioma | <input type="checkbox"/> No supe llegar a la oficina | <input type="checkbox"/> Otra razón |
| <input type="checkbox"/> Espera muy larga en la oficina/clinica | <input type="checkbox"/> Ningún dentista disponible | |

Dear Parents/Guardians:

Thank you for allowing your student to participate in the Statewide Oral Health Screening Program. The information obtained from these screenings will be used to assess the oral health of children in Nevada and help to plan and implement programs. All screening information will be kept confidential.

You have received a note indicating the treatment urgency for your child. Please note that this was not a full dental exam. Each tooth was not evaluated and x-rays were not taken. The Oral Health Screening is not meant to take the place of a routine dental examination.

A healthy mouth is part of total health and wellness. Studies show that a healthy child is more prepared to learn in school. It is recommended that your child have regular dental check-ups to ensure good oral health.

Dear Parents/Guardians:

Thank you for allowing your student to participate in the Statewide Oral Health Screening Program. The information obtained from these screenings will be used to assess the oral health of children in Nevada and help to plan and implement programs. All screening information will be kept confidential.

You have received a note indicating the treatment urgency for your child. Please note that this was not a full dental exam. Each tooth was not evaluated and x-rays were not taken. The Oral Health Screening is not meant to take the place of a routine dental examination.

A healthy mouth is part of total health and wellness. Studies show that a healthy child is more prepared to learn in school. It is recommended that your child have regular dental check-ups to ensure good oral health.

Estimados Padres/Guardianes:

Gracias por permitir a su estudiante tomar parte en el programa de revisión de la salud oral que esta tomando parte en todo el estado . La información obtenida de estas revisiones se usara para valorar la salud oral de niños en Nevada y se usara para planificar y aplicar programas. Toda la información obtenida por las revisiones será mantenida confidencial.

Usted ha recibido una nota que indica la urgencia del tratamiento para su niño. Favor de notar que esto no era un examen dental repleto. Cada diente no se evaluó y radiografías no fueron tomadas. Las revisiones de la salud oral no fueron tomadas para sustituir un examen dental rutinario.

Una boca saludable forma parte de el bienestar total de la salud. Estudios demuestran que un niño saludable esta mas preparado para aprender en la escuela. Se recomienda que su niño tenga exámenes dentales regulares para obtener buena salud oral.

Estimados Padres/Guardianes:

Gracias por permitir a su estudiante tomar parte en el programa de revisión de la salud oral que esta tomando parte en todo el estado . La información obtenida de estas revisiones se usara para valorar la salud oral de niños en Nevada y se usara para planificar y aplicar programas. Toda la información obtenida por las revisiones será mantenida confidencial.

Usted ha recibido una nota que indica la urgencia del tratamiento para su niño. Favor de notar que esto no era un examen dental repleto. Cada diente no se evaluó y radiografías no fueron tomadas. Las revisiones de la salud oral no fueron tomadas para sustituir un examen dental rutinario.

Una boca saludable forma parte de el bienestar total de la salud. Estudios demuestran que un niño saludable esta mas preparado para aprender en la escuela. Se recomienda que su niño tenga exámenes dentales regulares para obtener buena salud oral.

Treatment Urgency:

- ❑ No Obvious Problem/Needs Routine Preventive Care
- ❑ Needs Restorative Care
- ❑ Urgent Care (Pain or Swelling Present)

Urgencia del Tratamiento:

- ❑ No hay problemas obvios; requiere examen rutinario
- ❑ Requiere restauraciones dentales
- ❑ Requiere cuidado inmediato (se presenta con hinchazón o dolor)

CALIBRATION SIGN-IN

February 27, 2006

Please Print Legibly

Name	Phone (including area code)	Email address	Glove size (S,M,L)

Name	Screener Or Recorder	Phone	Email Address	Elementary School	Date & Time Scheduled	Glove Size	Date Materials Shipped
	R			Katz E.S.		S	
	S			Heard E.S.		L	
	Needs to sign up S			Brookman E.S. Cartwright E.S.		S	
	S			Mendoza E.S.		L	
	S			Wengert & Jacobson E.S.		M	
	R			Beckley E.S.		M	
	S			Ronnow & McWilliams E.S.		XS	
	R			Wengert & Jacobson E.S.		XS	
	R			Heard E.S.		M	
	S			Katz E.S.		M	
	R			Ronnow & McWilliams E.S.		L	
	R			Hewetson E.S.		M	
	S			Beckley E.S.		L	
	S			Ronnow & McWilliams E.S.		M	
	Needs to sign up			Brookman E.S. Cartwright E.S.		XL	
	S			Hewetson E.S.		XL non-latex	
	R			Roberts E.S.		M	
	S			Roberts E.S.		M,L	
	R			Mendoza E.S.		S	

TEAMS

Dental student's name, screener/ Dental student's name, recorder

Packing List for Oral Health Screenings
2005-2006

Location Shipped To: _____

Contact: _____

Total Number of Boxes Shipped to Location: _____

Date Shipped: _____

Comments: _____

Screening Date: _____

<u>Item</u>	<u>Amount Sent</u>
Gloves	
Masks	
Flashlight	
Mouth Mirrors	
Cotton Tipped Applicators	
Paper Towels	
Hand Sanitizer	
Antibacterial Wipes	
Trash Bags	
Treatment Urgency Forms	English _____ Spanish _____
Post Screening Parent Letter	English _____ Spanish _____
Toothbrushes	
Toothbrush Covers	
Incentive Gifts	

APPENDIX P

January 5, 2006

«Recorder__First_Name» «Recorder_Last_Name»
C/o Mildred A. McClain, Ph.D.
Assistant Professor, Professional Studies Department
UNLV School of Dental Medicine
1001 Shadow Lane, MS 7410
Las Vegas, NV 89106-4124

Dear «Recorder__First_Name»,

The Nevada State Health Division's Oral Health Program would like to thank you for taking time out of your busy dental school schedule to volunteer as a recorder for the *Healthy Smile-Happy Child Survey* of third grade students at «School_Name» in Clark County. As you know, a healthy mouth is part of total health and wellness that makes a child more prepared to learn. The information you have collected about children's oral health will assist us in creating a plan to improve the oral health, and the overall health of Nevada's children.

We hope that this has been an enjoyable and educational experience for you and that this experience will be useful as you move into private practice. As part of our effort to maintain a working relationship with the UNLV School of Dental Medicine and Nevada dental professionals, we would appreciate your taking the time to complete the enclosed evaluation form. Once you have completed the evaluation, please fax it to the attention of Thara Salamone at (775) 684-4245.

Sincerely,

Lori Cofano, R.D.H., B.S.
Fluoridation Consultant/ Oral Health Screening Coordinator

January 5, 2006

«Screener_First_Name1» «Screener_Last_Name»
C/o Mildred A. McClain, Ph.D.
Assistant Professor, Professional Studies Department
UNLV School of Dental Medicine
1001 Shadow Lane, MS 7410
Las Vegas, NV 89106-4124

Dear «Screener_First_Name1»,

The Nevada State Health Division Oral Health Program would like to thank you for taking time out of your busy dental school schedule to volunteer as a screener for the *Healthy Smile-Happy Child Survey* of third grade students at «School_Name» in Clark County. As you know, a healthy mouth is part of total health and wellness that makes a child more prepared to learn. The information you have collected about children's oral health will assist us in creating a plan to improve the oral health, as well as the overall health of Nevada's children.

We hope that this has been an enjoyable as well as educational experience for you and that this experience will be useful as you move into private practice. As part of our effort to maintain a working relationship with the UNLV School of Dental Medicine and Nevada dental professionals, we would appreciate your taking the time to complete the enclosed evaluation form. Once you have completed the evaluation, please fax it to the attention of Thara Salamone (775) 684-4245.

Sincerely,

Lori Cofano, R.D.H., B.S.
Fluoridation Consultant/ Oral Health Screening Coordinator

May 25, 2006

Principal's Name
Elementary School's Name
Address
Las Vegas, NV 89122

Dear Principal's Name,

The Nevada State Health Division's Oral Health Program would like to thank you for agreeing to allow your third grade classrooms to participate in the *Healthy Smile-Happy Child Survey*. A healthy mouth is part of total health and wellness that makes a child more prepared to learn. The information that has been gathered about children's oral health will assist us in creating a plan to improve the oral health, and the overall health of Nevada's children.

As part of our effort to maintain a working relationship with survey participants, we would appreciate your taking the time to complete the enclosed evaluation form. Once the evaluation has been completed, please fax it to the attention of Thara Salamone at (775) 684-4245.

Sincerely,

Lori Cofano, R.D.H., B.S.D.H.
Fluoridation Specialist/Oral Health Screening Coordinator

March 13, 2006

Contact's Name
Elementary School's Name
Address
Las Vegas, NV 89128

Dear Contact's,

The Nevada State Health Division Oral Health Program would like to thank you for being an integral part of our *Healthy Smile- Happy Child Survey*. Your assistance with scheduling and overseeing the screening at your school helped to make this project a success.

A healthy mouth is part of total health and wellness that makes a child more prepared to learn. The information that has been gathered about children's oral health will assist us in creating a plan to improve the oral health, as well as the overall health of Nevada's children.

In an effort to maintain a working relationship with survey participants, we would appreciate your taking the time to complete the enclosed evaluation form. There are two additional forms to be completed by the third grade teachers whose classrooms participated in the screening. Once the evaluations have been completed, please fax them back to the attention of Thara Salamone (775) 682-4245.

Sincerely,

Lori Cofano, R.D.H., B.S.
Fluoridation Consultant/Oral Health Screening Coordinator

**Healthy Smile-Happy Child
Dental Professional Questionnaire**

1. What is your profession? Dental Student Hygienist

2. Please indicate the average length of time it took to screen one child.

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 minute or less | <input type="checkbox"/> More than 2 minutes, but not more than 3 minutes | <input type="checkbox"/> More than 4 minutes, but not more than 5 minutes |
| <input type="checkbox"/> More than 1 minute, but not more than 2 minutes | <input type="checkbox"/> More than 3 minutes, but not more than 4 minutes | <input type="checkbox"/> More than 5 minutes |

3. Please check any materials that you feel were insufficient for performing the screening.

- Gloves
- Disposable Mirrors
- Flashlights
- Masks
- Cotton tip applicators
- All were sufficient

If you checked any items, please explain how they were insufficient:

4. The form used for recording data was easy to fill out. *(check your level of agreement)*

- Strongly Agree Agree Neutral Disagree Strongly Disagree

5. The screening was important for measuring the oral health of children. *(check your level of agreement)*

- Strongly Agree Agree Neutral Disagree Strongly Disagree

6. The screening was important for measuring the overall health of children. *(check your level of agreement)*

- Strongly Agree Agree Neutral Disagree Strongly Disagree

7. Would you participate in this screening again?

- Yes If "No" please indicate needed improvements: _____
- No _____

Comments: _____

Healthy Smile-Happy Child
School Personnel Questionnaire

1. What is your profession?

School Principal School Nurse Teacher Other: _____

2. The screening was important for measuring the oral health of children. *(check your level of agreement)*

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. The screening was important for measuring the overall health of children. *(check your level of agreement)*

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. The information provided to parents will benefit the students. *(check your level of agreement)*

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. The screening did not disrupt students' learning. *(check your level of agreement)*

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. Parent feedback was: *(check all that apply)*

Positive Negative No feedback was received

7. Would you like your school to participate in this screening again?

Yes If "No" please indicate needed improvements: _____

No _____

Comments: _____

**Healthy Smile – Happy Child
Basic Screening Survey – Third Grade Students
2005-2006
Participating School Site & Dental Professional Screener
Feedback**

Screener Feedback:

Ten completed questionnaires were received from dental professionals who had participated as screeners/recorders in the Basic Screening Survey of Third Grade Students for 2005-06. Nine dental students and one ortho resident submitted feedback on their experience with the open mouth survey. Respondents reported an average of 2.4 minutes spent to screen each student and most participants reported that the supplies provided for the screening were sufficient. Three individuals reported that the flashlights provided were less than adequate.

Respondents were asked to rate their level of agreement to the following statements on a five point scale, ranging from Strongly Agree to Strongly Disagree.

The form used for recording data was easy to fill out.

- 3 people strongly agreed
- 5 people agreed
- 2 people were neutral about the ease of the data form

The screening was important for measuring the oral health of children.

- 4 people strongly agreed
- 6 people agreed

The screening was important for measuring the overall health of children.

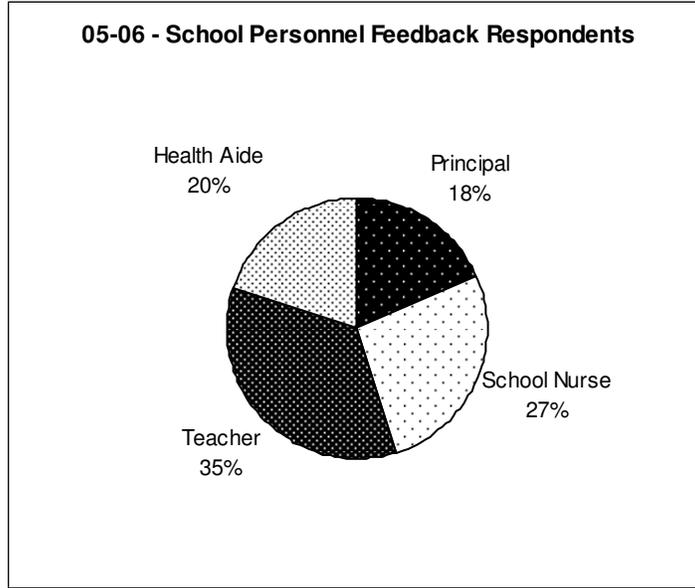
- 2 people strongly agreed
- 8 people agreed

Nine respondents stated that they would participate in the screening again. One individual said because they had graduated they would not participate again.

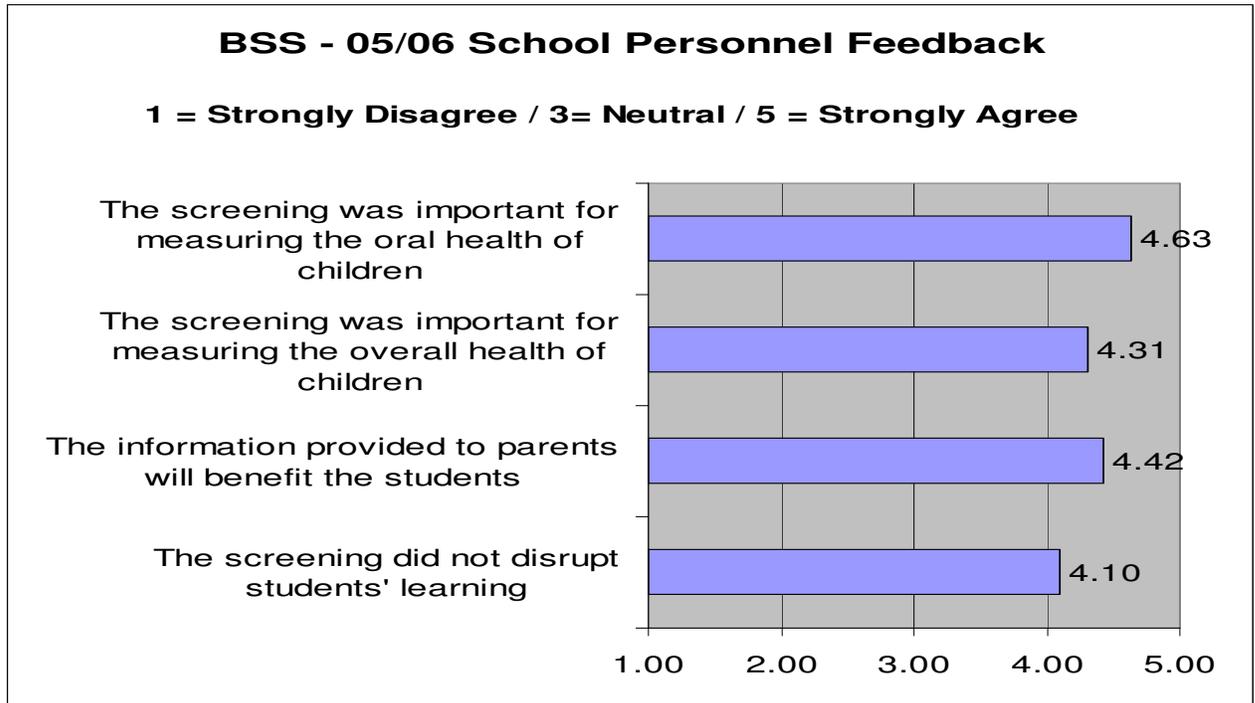
Comments received from the dental professionals participating included suggestions for revision of the data recording form so that the recorder did not need to re-enter the school name or screener code each time, a suggestion to include oral health education for the students was received, one individual responded it was a "Great experience!" and the last comment critiqued the gloves provided and said they should let participants know the time needed to attend the screening calibration and how many elementary students were participating to understand the total time required for the screening day.

School Personnel – Screening Site – Feedback:

Sixty completed questionnaires were received from school personnel regarding their experience of having their school site participate in the Basic Screening Survey of Third Grade Students. The following is a breakdown of respondent's reported roles at the school site:



Respondents were asked to rate their level of agreement to the following statements on a five point scale, ranging from Strongly Agree (5.00) to Strongly Disagree (1.00).



School personnel were asked about parent feedback.

- 19 individuals said feedback was “positive”
- 0 individuals said feedback was “negative”
- 26 individuals said that “no feedback was received”

School personnel were asked if they would like their school to participate in the screening again.

- 55 said “yes”
- 1 said “no”
- 1 said “no opinion”
- 3 did not indicate a response

The majority of comments from school personnel were extremely positive. Many respondents expressed their appreciation for the minimal time out of class and the positive interaction between the students and screeners. The most frequent concern of school staff was their concern that the parents/guardians would not follow up on identified oral health problems.

Response to Comments:

1. Data recording forms should be created so that recorder did not need to re-enter the school name or screener code each time.
Response: The data recording forms were electronic. This suggestion will be taken into consideration for future screening projects.
2. Include oral health education for students.
Response: The dental students/orthodontic residents were told that some teachers/schools would like oral health education done along with the screening. It was up to each screening team to decide if this was something they would like to schedule along with the screening.
3. Dental students/orthodontic residents should have been told the amount of time needed to attend the screening calibration.
Response: The UNLV School of Dental Medicine (SODM) contact was informed of the amount of time needed for calibration and what the students/residents should bring to the calibration. Unfortunately students/residents did not receive this information.
4. Dental students/orthodontic residents should have been told how many elementary students were participating to understand the total time required for the screening day.
Response: At the calibration session and in the packet given to the dental students/orthodontic residents it specifies that they should allow 3-5 minutes per child. An example was given: 30 children = 90-150 minutes or 1 ½ to 2 ½ hours. If they wanted a more exact number they needed to ask the school contact when they scheduled the screening.
5. School staff expressed concern that parents/guardians would not follow-up on identified oral health problems.
Response: Many school contacts made a list of children in need of treatment. The Oral Health Program does not provide treatment however, we did provide school contacts with information on locations that accept Medicaid and/or a sliding fee scale.

Third Grade Expense Sheet

Item Ordered	Amount Ordered	Date Ordered	Cost	Received
Hand sanitizer	3	8/5/2005	13.86	X
Tooth brush covers	2160	10/27/2005	172.80	X
Flashlights	12	11/2/2005	42.24	X
Batteries-4pack	1	11/2/2006	5.60	X
Teen decal toothbrushes	2880	11/30/2005	1123.20	X
X-large gloves	3	12/28/2005	32.79	X
Antibacterial towelettes	9	12/28/2005	27.00	X
Hand sanitizer	9	12/28/2005	41.58	X
Paper towels	10 rolls	12/28/2005	17.10	X
Large gloves	50 boxes	12/28/2005	546.50	X
X-large gloves	3 boxes	1/4/2006	34.23	X
Disposable mouth mirror	1152	1/25/2006	329.96	X
"Squishy" teeth incentives	1488	2/2/2006	822.85	X
Hand sanitizer	9	2/14/2006	43.65	X
Antibacterial towelettes	5	2/14/2006	15.10	X
Batteries-2 pack	2	2/14/2006	5.09	X
Travel expenses for 3 OHP staff			\$3,966.69	
			Grand Total	
			**\$7,240.24	

*Note this is in addition to supplies on hand from previous surveys

** Note that this amount does not include shipping costs to send items to Las Vegas.